

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

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CANDIDATE COMMITTEE

CANDIDATE COMMITTEE COVER PAGE	HAND HELD COMMON FOR OFFICIAL USE ONLY				
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statemen	t covers From:	Ol O	To 10-	1809
1. Committee J.D. Number 137666	4. Candidate Last Name First Name AM.I.				
2. Committee Name Cowwittee to	4a. Office Sought Including District # or Community Served (If applicable)				
JOHN Sexauer	4b. County of Residence MA-Comb				
5. Committee's Mailing Address	6. Treasurer's Name & Residential Address				
Area Code and Phone	Area Code & Phone 586 742-8613				
7. Treasurer's Business Address 32121 LINCOINIShine	Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)				
1-12-58 Mi 48026 Area Code and Phone 586-9428613	Area Code and Pl	none ()			
9. TYPE OF STATEMENT		9c. Annual State	ement (Coverage Yea	r)
9a. Pre-Election OR 9b. Post-Election Pre-Election or Post-Election Statement relates to:		Pd. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to Indicate which Statement is being amended) 9e. Dissolution of Candidate Committee			
☐ Convention ☐ School		-		•	
☐ Special ☐ Cauci			Effective Date	of Dissolution	
Date of Election, Convention or Caucus		By checking this item outstanding debts, in the dissolution canno	n, RWe certify the	na fees. Further (M	No required that if
Month Day Year		Note: The disposition 1B and the Summary	r. i of residual fun / Page.	ids must be reported	d on Schedule
A committee that does not have a Reporting Waiver must file all Schedules. Direct contributions, in-kind contributions, loans, expif any of the information listed in items 2, 4, 5, 6, 7, or 8 has chair amendment to the Statement of Organization should accompany before the filling deadline of a required campaign statement.	required Campaign penditures, and outs aged since the infon this Campaign Sta that campaign sta	Statements, The Can tanding debts count an mation was shown on i tement. If a request fi tement cannot be wa	npaign Stateme painst the \$1,00 the committee's or a Reporting tived.	onts must include all 00 Reporting Walvers Statement of Orga Walver is not reco	l applicable r threshold. rization, an sived on or
10. Verification: I/We certify that all reasonable diligence was using/your knowledge and belief the contents are true, accurate and	ed in the preparation	n of this statement and	attached sched	dules (if any) and to	the best of
Current Treasurer or Designated Record keeper Collect SEXAUE	4 Calle	m delauer	./ _	Date 10-20	6-09
Candidate Type or Print Name	JOHN S	EXAUTE	<u></u>	ato Φ	Year C
Authority granted under P.A. 388 of 1976	Signature			Mo Da	y Year